

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																											
1 Date of Request: <u>7-21-05</u>		2 Serial/Patent # <u>10/518704</u>																																																									
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%; text-align: center;">12/17/05</td><td style="width: 10%; text-align: right;">\$ 100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/17/05	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 10%; padding: 5px;">5 DATE FILED</td> <td style="width: 20%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="text-align: center; height: 40px;">1</td> <td style="text-align: center;">12/17/05</td> <td style="text-align: right;">\$ 100</td> </tr> </table>			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	1	12/17/05	\$ 100
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Overpayment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr> <td style="text-align: center;">9</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">--</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">0</td> </tr> </table> </td> </tr> </table>		<input type="checkbox"/>	Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">--</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">0</td> </tr> </table>	5	0	--	0	3	2	0																																					
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11 REFUND REQUESTED BY:																																																											
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>																																																									
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>																																																									
OFFICE: <u>PCT</u>																																																											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																											
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*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*